

EXHIBIT 1

RELEASE OF ALL CLAIMS

KNOW ALL MEN BY THESE PRESENTS: That the undersigned, being of lawful age, for the sole consideration of _____ to the undersigned in hand paid, receipt whereof is hereby acknowledged, does hereby and for his heirs, executors, administrators, successors and assigns, releases, acquits and forever discharges KARANJIT SINGH d/b/a SAHIB TRUCKING and YORK RISK SERVICES, and their agents, insurers, servants, employees, successors, heirs, executors, administrators, and all other persons, firms, corporations, associations or partnerships of and from any and all claims, actions, causes of action, demands, rights, damages, costs, loss of service, disfigurement, loss of consortium, loss of society, emotional loss, loss of familial relationships, loss of earnings or loss of earning capacity, loss of inheritance, property damage, expenses, and all claims under any statute or cause at common law including but not limited to any private cause of action provided by 42 U.S.C. §1395y, and compensation whatsoever, which the undersigned now has or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen bodily and personal injuries and property damage and the consequences thereof resulting or to result from the accident, casualty or event which occurred on or about the 6th day of September, 2014. Specific, although non-exclusive, reference is made to that certain cause of action styled and numbered *Concepcion Velasquez v. Karanjit Singh d/b/a Sahib Trucking*; **No. PE: 16-CV-00063-RAJ pending in the United States District Court for the Western District of Texas, Pecos Division.** The undersigned releases, acquits and discharges the above named releasees from any and all claims, demands, rights or cause of actions that were or could have been asserted in said cause of action.

All sums set forth above constitute damages on account of personal physical injuries, or physical sickness, arising from an occurrence, within the meaning of Section 104(a) of the Internal Revenue Code of 1986, as amended.

The undersigned intends to give the broadest possible release as to all persons or entities described above by name, function or category.

The undersigned agrees to abide by any ruling or mandate regarding Medicare set aside requirements.

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INDEMNITY AGREEMENT

AS FURTHER CONSIDERATION FOR THE PAYMENT DESCRIBED ABOVE, I, CONCEPCION VELASQUEZ, AGREE TO FULLY DEFEND, REIMBURSE, HOLD HARMLESS, AND INDEMNIFY THE ABOVE-NAMED RELEASEES AND ALL OTHER PERSONS AND ENTITIES HEREIN RELEASED FROM ALL CLAIMS, ACTIONS, LOSSES, DAMAGES, EXPENSES AND COSTS, INCLUDING BUT NOT LIMITED TO COURT COSTS, JUDGMENTS, INVESTIGATION EXPENSES, AND ATTORNEYS' FEES, WHICH THEY MAY INCUR AS A RESULT OF ANY CLAIM, CROSS CLAIM FOR CONTRIBUTION OR INDEMNITY OR ANY OTHER ACTION BROUGHT AGAINST THOSE RELEASED HEREIN FOR THE INCIDENT GIVING RISE TO THE ABOVE MENTIONED LAWSUIT. THIS INDEMNITY AGREEMENT IS SPECIFICALLY INTENDED TO INDEMNIFY THOSE RELEASED HEREIN, EVEN FROM THE CONSEQUENCES OF THEIR OWN NEGLIGENCE.

Concepcion Velasquez further acknowledges and agrees to satisfy and settle all workers' compensation liens, subrogation liens and claims for reimbursement asserted by any carrier or benefits provider, all hospital liens that have been filed or may be filed for medical payments pursuant to Tex. Prop. Code Ann. art 55.001, et seq., all claims for recovery for medical and health services and care that have been asserted or may be asserted by the United States of America pursuant to the Medical Care Recovery Act, 42 U.S.C. § 2651, any and all claims of liability under Title XIX of the Social Security Act, the Omnibus Reconciliation Act of 1980 § 953, the Deficit Reduction Act of 1984, 42 U.S.C. § 1395y(b)(2)(B), codified at 42 CFR § 411.26, et seq., the Omnibus Budget and Reconciliation Act of 1989, or any other applicable hospital lien or subrogation statute, any and all child support liens under Texas Family Code § 157, and any and all other bills, claims, and liens in any manner arising in favor of any health care providers in any manner providing medical, dental, psychological, emotional or health care to Concepcion Velasquez and agrees to fully defend, reimburse, hold harmless, and indemnify all persons and entities herein released for all losses, damages, expenses and costs, including but not limited to court costs, investigation expenses, and attorneys' fees, which they and all others so protected may incur in connection with any such bill, lien, or claim for such care for Concepcion Velasquez sustained in any treatment received related to the subject matter of this release of all claims.

The undersigned further warrants and represents that if I qualify for Medicare or Medicaid benefits in connection with or in any way related to the claims that are the subject of this release of all claims, I have complied with all federal and state reporting guidelines and requirements regarding any past or future incident-related payments under the Medicare Prescription Drug, Improvement and Modernization Act of 2003 and the Medicare, Medicaid, and SCHIP Extension Act of 2007. Furthermore, the undersigned agrees to indemnify, hold harmless, defend and reimburse the above-referenced Releasees from any and all claims, causes of action, costs and attorney's fees applicable to reimbursement of any funds paid or advanced pursuant to the Medicare, Medicaid and SCHIP Extension Act of 2007 and any other applicable statute or regulation requiring reimbursement of payments made by or on behalf of the United States of America, the state of Texas, Medicare, Medicaid, and any other governmental entity, their agents, assigns and representatives. The undersigned further agrees to indemnify, hold harmless, defend and reimburse the above-referenced Releasees with regard to any and all required set-asides and escrow requirements that may be mandated by any federal and/or state governmental entity, including but not limited to Medicare and Medicaid, and with regard to any and all future payments and/or interest relating to or owed to the United States of America, the state of Texas, Medicare, Medicaid, and any other governmental entity and their agents, assigns and representatives, pursuant to any federal or state statute or regulation. The undersigned further agrees to release and to indemnify, defend, and hold harmless the above-referenced Releasees with regard to any and all claims, causes of action, interest, penalties, fees and expenses that may be asserted or incurred pursuant to 42 U.S.C. § 1395y with regard to any and all required payments and reimbursements to Medicare, the United States of America, Medicaid, the state of Texas and any other governmental entity, their agents, assigns and representatives.

It is understood and agreed that this settlement is the compromise of a disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releasees deny liability therefor and intend merely to avoid litigation and buy his peace.

The undersigned hereby declares and represents that the injuries sustained are or may be permanent and progressive and that recovery therefrom is uncertain and indefinite and in making this Release it is understood and agreed that the undersigned relies wholly upon the undersigned's judgment, belief and knowledge of the nature, extent, effect and duration of said injuries and liability therefor and is made without reliance upon any statement or representation of the party or parties hereby released or their representative or by any physician or surgeon by them employed.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto and that the terms of this Release are contractual and not a mere recital.

The undersigned has read the foregoing Release and fully understands it.

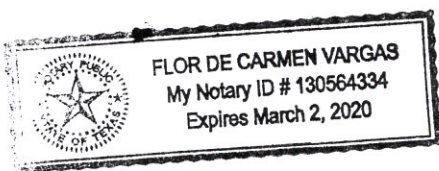
SIGNED this 3rd day of August, 2018.

Concepcion Velasquez
CONCEPCION VELASQUEZ

THE STATE OF TEXAS)
)
 COUNTY OF EL PASO)

BEFORE ME, the undersigned Notary Public, on this day personally appeared **CONCEPCION VELASQUEZ**, known to me to be the person whose name is subscribed to the foregoing instrument, who being by me duly sworn on his oath acknowledged that he executed the same for the purposes and considerations therein expressed.

SUBSCRIBED AND SWORN TO before me the 3rd day of August, 2018, to certify which witness my hand and official seal.



Flor de Carmen Vargas
 Notary Public in and for
 The State of Texas

My Commission Expires: